



Commissioner for Patents  
Washington, DC 20231  
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CONFIRMATION NO. 3673

Bib Data Sheet

|                             |                                   |              |                        |                                     |
|-----------------------------|-----------------------------------|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER<br>10/046,651 | FILING DATE<br>10/19/2001<br>RULE | CLASS<br>435 | GROUP ART UNIT<br>1644 | ATTORNEY<br>DOCKET NO.<br>P-HR 5213 |
|-----------------------------|-----------------------------------|--------------|------------------------|-------------------------------------|

**APPLICANTS**

Terry J. Smith, Manhattan Beach, CA;  
William W. Cruikshank, Westford, MA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/684,601 10/06/2000 ABN

*P/N***\*\* FOREIGN APPLICATIONS \*\*\*\*\****NONE - P/N***IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY ..****\*\* 02/28/2002**

|                                 |  |                        |                     |                   |                         |
|---------------------------------|--|------------------------|---------------------|-------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no                                      | STATE OR COUNTRY<br>CA | SHEETS DRAWING<br>6 | TOTAL CLAIMS<br>4 | INDEPENDENT CLAIMS<br>1 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |                        |                     |                   |                         |

**ADDRESS**

22249

**TITLE**

Detection of antibody mediated inflammatory auto-immune disorders

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>435 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|----------------------------|---|---|